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Applicant(s): ANDERSON et al.

Docket No.

PG3786USW

(Intern'l)
Serial No.

PCT/EP00/09291

(Intern'l)
Filing Date

22 September 2000

Examiner

Group Art Unit

Invention:

MEDICAMENT DELIVERY SYSTEM

I hereby certify that this 2nd Transmittal Letter under 35 USC 371 with Combined Declarations and POA
(Identify type of correspondence)

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under
37 CFR 1.10 in an envelope addressed to: The Commissioner of Patents and Trademarks, Washington, D.C.

20231-0001 on

4-2-02*(Date)***Ban Younan***(Typed or Printed Name of Person Mailing Correspondence)*Ban Younan*(Signature of Person Mailing Correspondence)***EVD22025667US***("Express Mail" Mailing Label Number)***Note: Each paper must have its own certificate of mailing.**

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

- () Declaration submitted with initial filing or
() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

ATTORNEY'S DOCKET
PG3786USw

First Names Inventor:
**Gregor John
McLennan
ANDERSON**

Complete if known:
App No.:

Filing Date

Group Art Unit:

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MEDICAMENT DELIVERY SYSTEM

the specification of which (check only one item below):

[] is attached hereto.

OR

[] was filed on 22 September 2000 as United States application Serial No. _____ or PCT International

Application Number PCT/EP00/09291 filed and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1 9923273.8	GB	10/01/1999	X
2. 0011029.6	GB	05/09/2000	X
3. 0020541.9	GB	08/22/2000	X
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)	
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APPLICATION WITH POWER OF ATTORNEY**

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McLennan
ANDERSON**

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PATENT APPLICATION WITH POWER OF ATTORNEY** Continued

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I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

STATUS (Check one)

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)



Send Correspondence to:

23347

Direct Telephone Calls to:

James P. RIEK
919-483-1577

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

1	FULL NAME OF INVENTOR <u>ANDERSON</u>	FAMILY NAME <u>ANDERSON</u>	FIRST GIVEN NAME <u>Gregor</u>	SECOND GIVEN NAME/INITIAL <u>John, McLennan</u>
2	INVENTOR'S SIGNATURE 	Date: <u>25 March 02</u>		
0	RESIDENCE & CITIZENSHIP <u>Ware</u> <u>GBX</u>	STATE OR FOREIGN COUNTRY <u>GB</u>	COUNTRY OF CITIZENSHIP <u>GB</u>	
1	POST OFFICE ADDRESS <u>GlaxoSmithKline</u> <u>Five Moore Drive, PO Box 13398</u>	CITY <u>Research Triangle Park</u>	STATE & ZIP CODE/COUNTRY <u>North Carolina 27709, US</u>	
2	FULL NAME OF INVENTOR <u>BONNEY</u>	FAMILY NAME <u>BONNEY</u>	FIRST GIVEN NAME <u>Stanley</u>	SECOND GIVEN NAME/INITIAL <u>George</u>
0	INVENTOR'S SIGNATURE 	Date: <u>27th March '02</u>		
2	RESIDENCE & CITIZENSHIP <u>Ware</u> <u>GBX</u>	STATE OR FOREIGN COUNTRY <u>GB</u>	COUNTRY OF CITIZENSHIP <u>US</u>	
2	POST OFFICE ADDRESS <u>GlaxoSmithKline</u> <u>Five Moore Drive, PO Box 13398</u>	CITY <u>Research Triangle Park</u>	STATE & ZIP CODE/COUNTRY <u>North Carolina 27709, US</u>	
0	FULL NAME OF INVENTOR <u>JONES</u>	FAMILY NAME <u>JONES</u>	FIRST GIVEN NAME <u>Anthony</u>	SECOND GIVEN NAME/INITIAL <u>Patrick</u>
3	INVENTOR'S SIGNATURE 	Date: <u>27 MARCH 2002</u>		
0	RESIDENCE & CITIZENSHIP <u>Ware</u> <u>GBX</u>	STATE OR FOREIGN COUNTRY <u>GB</u>	COUNTRY OF CITIZENSHIP <u>US</u>	
3	POST OFFICE ADDRESS <u>GlaxoSmithKline</u> <u>Five Moore Drive, PO Box 13398</u>	CITY <u>Research Triangle Park</u>	STATE & ZIP CODE/COUNTRY <u>North Carolina 27709, US</u>	
2	FULL NAME OF INVENTOR <u>ROBERTSON</u>	FAMILY NAME <u>ROBERTSON</u>	FIRST GIVEN NAME <u>Duncan</u>	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE 	Date:		
2	RESIDENCE & CITIZENSHIP <u>Perth</u> <u>AUX</u>	STATE OR FOREIGN COUNTRY <u>AU</u>	COUNTRY OF CITIZENSHIP <u>GB</u>	
4	POST OFFICE ADDRESS <u>GlaxoSmithKline</u> <u>Five Moore Drive, PO Box 13398</u>	CITY <u>Research Triangle Park</u>	STATE & ZIP CODE/COUNTRY <u>North Carolina 27709, US</u>	

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PATENT APPLICATION WITH POWER OF ATTORNEY** Continued
ATTORNEY'S DOCKET NUMBER
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PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION**STATUS (Check one)**

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED

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James P. RIEK
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1	FULL NAME OF INVENTOR	FAMILY NAME ANDERSON	FIRST GIVEN NAME Gregor	SECOND GIVEN NAME/INITIAL John, McLennan
	INVENTOR'S SIGNATURE	Signature		
	RESIDENCE & CITIZENSHIP	CITY Ware	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME BONNEY	FIRST GIVEN NAME Stanley	SECOND GIVEN NAME/INITIAL George
	INVENTOR'S SIGNATURE	Signature		
	RESIDENCE & CITIZENSHIP	CITY Ware	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP US
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3	FULL NAME OF INVENTOR	FAMILY NAME JONES	FIRST GIVEN NAME Anthony	SECOND GIVEN NAME/INITIAL Patrick
	INVENTOR'S SIGNATURE	Signature		
	RESIDENCE & CITIZENSHIP	CITY Ware	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
4	FULL NAME OF INVENTOR	FAMILY NAME ROBERTSON	FIRST GIVEN NAME Duncan	SECOND GIVEN NAME/INITIAL
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	RESIDENCE & CITIZENSHIP	CITY Perth	STATE OR FOREIGN COUNTRY AU	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

Date: *X 27th March 2002.*